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TRANSITION FROM FOSTER CARE TO ADOPTION:
SERVICES NEEDED FOR BUILDING ADOPTION
PERMANENCY FOR CHILDREN

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Colleen O'Neill Duggin

June 2005

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SERVICES NEEDED FOR BUILDING ADOPTION

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A Project
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Colleen O'Neill Duggin


June 2005

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ABSTRACT

The number of foster children adopted by kin caregivers and foster parents has increased dramatically since the enactment of the Adoption and Safe Families Act of 1997 (Public Law 105-89). There were an estimated 126,000 foster children reportedly awaiting placements into adoptive homes. Research data was collected from mailed questionnaires sent to adoptive families who chose to participate in this study from December 7, 2004 to February 10, 2005. Data was collected from families, who completed adoptions between July 2003 and July 2004. The proposed research explored adoptive families' perceptions of the agency's provision of supports and referrals as well as the specific supports and referrals that families believed were most helpful to them prior to the completion of their child/ren's adoption/s.

The implications for social work practice included improvement of services and placement matches of children. Additionally, assurance of adequate supports provided to adopting families was also explored with the assistance of the families who have willingly accepted Riverside County dependent child/ren into their families.

ACKNOWLEDGMENTS

This project was a consuming and ardent effort of love and labor that could not have been completed without the patience and tolerance of those who helped me along its path to completion. My parents, Patrick and Prudence O'Neill provided me with the inspiration and knowledge that adopting parents were special people who deserve to be nurtured, educated, and listened to during the process of adoption. My brother, Daniel taught me that blood is not always thicker than water and that the journey through life as an adopted child is not always easy, even with the love and support of a family who chose you. I must give special thanks to my spouse, Dale, whose patience, support, and care of my children over these past three years, made this project possible. Also, I think of my blessings, my children, Patrick, Jeremy, and Ryan who reminded me of the importance of life outside these walls of academia. The laughter, smiles, and friendship from friends too numerous to mention has helped me keep my energy and drive to excel and finish what I started.

Special thanks and acknowledgement go to Dr. Rosemary McCaslin, whose patience, support, and knowledge

as my research advisor made this project possible. Much appreciation also goes to Laurel Brown, Regional Manager of Riverside County Adoptions, as well as Sylvia DePorto, Assistant Deputy Director of the Department of Public Social Services, who provided the necessary agency support, interest in this project, and whose continuing desire to evaluate and search for improvement of service delivery has led to my choice of study.

DEDICATION

In Memory of My Parents,
Patrick Henry O'Neill and Prudence O'Neill

AND

Special Thanks to
Baby Eric/Daniel Paul O'Neill
My brother, by adoption

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CHAPTER ONE

INTRODUCTION

The number of foster children adopted by kin caregivers and foster parent caregivers has increased dramatically since the enactment of The Adoption and Safe Families Act of 1997 (AFSA) (Public Law 105-89). There has been a decrease in the number of months that children reside in foster care without more permanent homes if they were unable return to their birth parents. The child welfare agency has had to make changes in practice, which has included searching for permanency for children in foster care before the process of attempted reunification with the children's birth parents has effectively ended. Children served by child welfare agencies included older children, children of minority ethnicities, children who come from sibling groups, and children with emotional, physical, and developmental disabilities. Children with special needs, particularly older children, have been noted as being at greater risk for adoption disruption. Service delivery directed at pre-adoption needs of children served in child welfare has been reviewed by other researchers and continued review has been found to

be necessary as a means of preventing future disruptions in adoptions for families.

Problem Statement

The Child Welfare League of America (CWLA, 2003) listed a number of statistics regarding the adoption of children from foster care, which was based on data collected from the Adoptions and Foster Care Analysis Research System (AFCARS). Every public child welfare agency in the United States has been federally required to keep data regarding adoptions in this database as was mandated through ASFA (Public Law 105-89, pp. 2122-2123). The CWLA report based its 2003 statistics on 1999 AFCARS data collected in the United States. This report found that there were 542,000 children in foster care within the United States, 126,000 of them waiting to be adopted. Additionally, 52% of the children were male and 48% were female. The actual number of adoptions increased from 26,000 per year to 36,000 per year from 1996 to 1998. The percentages of children adopted in different age brackets were as follows: 2% for children less than one year of age, 44% for children 1-5 years, 37% for children 6-10 years, 15% for children 11-15 years, and 2% for children

ages 16-18 years. The percentage of children adopted in 1998 varied by the ethnicity of the children: 28% were Caucasian, 56% were African-American, 9% were Hispanic, 1% were Native-American, and 5% were of unknown background. Of those who chose to adopt, 64% were foster caregivers, 21% were unrelated caregivers (extended family without blood kinship), and 15% were relative caregivers (CWLA 2003, Child Welfare Adoptions Facts and Figures, pp. 1-2).

The role of social workers within large child welfare agencies has included finding the most permanent homes available for children when they have been unable to return to their families of origin. Legislative changes were enacted as a result of ASFA 1997, which reduced timelines for the period in which children received care in foster care before a more permanent arrangement was implemented. Additionally, reunification services could be waived if parents have had involuntary termination of parental rights to any other children or if they have had convictions for murder, voluntary manslaughter of another child or parent, have attempted, conspired, or solicited to commit murder or manslaughter, or if felony assault or serious bodily injury has been

inflicted on another child or parent (Public Law 105-89, pp. 2116-2117).

Purpose of the Study

The need for pre-adoption services for foster children and their prospective adoptive parents has increased as the result of recent adoption legislation and changing social work practice within child welfare agencies in response to the legislative changes. Much of the research collected regarding adoption has focused on post adoption services. It would be helpful if public child welfare agency social workers had more information about what services would be needed in the pre-adoptive phase to enhance successful adoption outcomes.

These recent legislative changes have resulted in increased pressure for social workers from public child welfare agencies to find adoptive placements for children who have resided in foster care. Permanency for children has been addressed concurrently during the reunification process between children and their birth parents, with a plan to terminate parental rights of the birth parents if their reunification efforts were not successful. As a result, children often have not had time to adjust to the

idea that they will never go back home to their parents before agency social workers have implemented a plan for them to be adopted by kin caregivers or foster parent caregivers (Adler, 2001, p. 15). The success or failure of the child welfare related adoptions noted above has often been assessed through adoption disruption rates.

Dissolved adoptions, also referred to as disrupted adoptions, have been an area of much study and concern to social workers within the field of adoption case practice. The number of disrupted adoptions was noted as increasing with the age of the child at adoption. Barth and Berry (1988) found that 10.2% of adoptions of children ages three years and older disrupted, in their study of Northern California adoptions from 1980-1984. Additionally, they found that older children and children with previous adoptive placements were at greatest risk for adoption disruption (p. 227).

Pinderhughes (1996) noted that many of the children who were adopted through child welfare agencies were over the age of three years, they were members of sibling groups, they were of minority ethnicities, and/or they have had emotional, physical and developmental disabilities. These children have also been referred to

as "special needs" adoptions cases (p. 116). The children described by Pinderhughes have required additional services from child welfare agencies and adoption agencies in both the pre-adoptive and post-adoptive phases of the adoption process. The goal of such service provision is to decrease adoption disruptions of special needs children served by child welfare agencies.

Riverside County Adoptions has not provided post-adoption questionnaires to its adopted families as a means of searching for family driven needs in both the pre-adoptive and post-adoptive phases. The use of questionnaires as proposed by this study provided families the opportunity to report what they found helpful prior to the completion of their child/ren's adoptions. Such data have not been formally analyzed to date for purposes of looking specifically at pre-adoption service delivery to families with "special needs children."

The proposed questionnaires included basic demographic information such as parent marital status, age, sex, and socioeconomic status of the adoptive parents, number of other children who have lived in the household, issues/needs (medical, psychological,

educational, etc.) of children being adopted, and age of the child adopted. Additionally, the questionnaires asked adoptive parents what types of services they felt would have helped them or did help them in planning toward the adoptions of their children.

The above noted questionnaires were mailed to families who have recently completed the adoption process and the completed questionnaires were the guiding instruments for this study of pre-adoptive services. Both quantitative and qualitative questions were used to address the needs of families. The results of the study could be utilized to improve permanency planning services delivery by social workers who work with children who were not reunified with their parents and who were likely to become candidates for adoption. Additionally, the results could be utilized by adoption social workers as a means of targeting typical areas of need or resources for families during the adoption process.

Significance of the Project for Social Work

Special needs children, often those receiving services from child welfare agencies, were believed to have a greater risk of adoption disruption. The goal of

this study was to examine what services provided in the pre-adoptive phase that might have helped reduce the risk of disruption. Further, it sought to include the families who were adopting to describe what they perceive might be most helpful in empowering them to raise the children in their care.

Good social work practice recognizes the inherent dignity of families within its scope to have stability and it recognizes the intrinsic strengths of these families. This research strives to meet both of these practice goals. It empowers families to discuss what they felt was helpful and what was not helpful about the pre-adoption phase of their families' adoptions. Additionally, it gave them the opportunity to evaluate the services they did receive and to be the first group of human subjects to have had the opportunity to do so.

There has been limited research on pre-adoptive services needed by prospective adoptive families raising children from child welfare agencies through either kin relationships or foster relationships. Much of the research about service delivery has focused on post-adoption services that families believed they might have needed to preserve their families. Pre-adoption

service delivery has provided families with the needed counseling, finances, medical care, and referrals to outside agencies, to help stabilize and preserve permanent families for children. The need for study of pre-adoptive services within Riverside County has been of concern to adoption social workers and administrators within Riverside County Adoptions.

The implications of this research for social work policy have been clearly stated in recent adoption legislation. The most recent adoption legislation, Keeping Children and Families Safe Act of 2003, calls for research on adoption outcomes. Additional research was ordered either directly or by grant, to assess the nature of adoption outcomes and factors affecting adoption outcomes (p. 821). Study of pre-adoptive service delivery is likely to provide the information needed by legislators to guide new adoption policies. These services exist as a means of assuring successful adoptions, hereby referred as successful adoption outcomes.

This study focused on the evaluation and needs assessment of pre-adoption services provided to families through Riverside County Child Protective Services and

Riverside County Adoptions. Specifically, this research focused on the program evaluation and assessment phases of the generalist's model of social work. All information gathered regarding needed services will be provided via questionnaires completed by adoptive parents after the completion of their adoptions. Questionnaires were reviewed for assessment of current services found helpful by families, services that need to be considered, and services that were available, but were not provided. Most importantly, it allowed families to take part in an evaluation of the services provided to them.

This proposed research explored current and proposed pre-adoption services for families within the scope of Riverside County Child Protective Services. Further, the study was driven by those most in need of the services, the adoptive families who have just exited the system. The research question was, what types of services and referrals do adoptive parents feel were needed in the pre-adoptive phase for children served by child welfare services to enhance positive adoption outcomes?

CHAPTER TWO

LITERATURE REVIEW

Introduction

The study of adoption policy changes since the 1960's required close examination of past legislation enacted during this time. As a result of these laws, the child welfare agency was likely to experience an increase in children available for adoptive placement who were given consideration as special needs adoptions. This group of children, particularly older children, was a vulnerable population who experienced a higher rate of adoption disruption. Service delivery for these families prior to the adoption was necessary to build the stability of the family, thus hopefully impacting a decrease in future adoption disruption.

Review of Adoption and Child Welfare Legislation

The Social Security Act of 1935 established for the first time, federal funding for poor families through Aid to Families with Dependent Children (AFDC). Later amendments to this legislation added federal funds for states to assist child welfare agencies in rural areas, including services for homeless children. Additional

amendments were made to provide federal funding for children in foster care. Adoption agencies, another of the child welfare services agencies, initially emerged to meet the needs of Caucasian families seeking to adopt children. By the end of the 1960's, the number of Caucasian infants available for adoption had decreased as a result of increased availability of contraception as well as the stigma of illegitimacy being decreased. The legalization of abortion through the Roe vs. Wade decision further decreased the number of Caucasian infants available for adoption during this time. The lack of available Caucasian infants for adoption resulted in a growing movement for adoption of older children and children of minority ethnicities (Pine, 1986, pp. 340-342).

The child welfare agencies of the late 1950's and early 1960's could best be described as fragmented. Many agencies struggled to provide a minimum level of protection for the children they served. Research and developmental theories were applied to describe the negative impact of "foster care drift." The concept of "foster care drift" became a well known concern of political groups, foster and adoptive parents, as well as

to examine whether or not reasonable services were offered to the parents whose children were placed into foster care.

There was much conflict around this core concept that "reasonable efforts" be offered to parents for placement of their children back into their homes. The AAPCWA of 1980 legislation, Public Law 96-272, required states to provide pre-placement preventative services programs aimed at assisting families to remain intact as well as case plans with periodic court review that "reasonable efforts" were made with a focus on either family preservation or family reunification efforts (p. 503).

Adler (2001) reported that the AAPCWA of 1980 favored family preservation efforts, and states were encouraged to keep families together or to enable their reunification after services were provided. Further, Adler reported, the increase in foster care caseloads in the 1980's was greater than the availability of services through family preservation resources. Termination of parental rights was discouraged except when the child's safety was at grave risk (pp. 1-2).

Stein (2003) noted the ambiguity of the reasonable efforts requirement has suffered from "lack of definition." The Supreme Court ruled that the AAPCWA and its implementing regulations provided no additional guidance regarding the state's discretion in interpreting the law (p. 674). Seaberg (1986) also noted the ambiguity of the reasonable services requirement. However, Seaberg noted that there appeared to be no uniform manner in which reasonable efforts was applied from case to case. Further, he stated that as a result of the ambiguity of the legislation, reasonable efforts were being defined by the individual courts hearing child welfare cases (pp. 470-471).

Stein (2003) reviewed obstacles to policy enactment in ASFA. A lack of cooperation between courts and child welfare agencies was listed as one obstacle. Another noted problem was that of poorly trained judicial officials and social workers. High turnover rates of social workers within child welfare agencies were listed as yet another contributing factor. Finally, extensive court delays in findings being made was listed as an obstacle to enactment of ASFA legislation (p. 677).

The 1990's brought forth The Personal Responsibility and Work Opportunity Act of 1996 (Public Law 104-193), which eliminated the previously existing Aid to Families and Dependent Children Program and the entitlement of benefits under that program. As a result of this legislation, Temporary Assistance for Needy Families (TANF) was established. The actual impact of this legislation on families attempting to reunify with their children through child welfare agencies while attempting to meet the work requirements of TANF is still being studied. Additionally, TANF has been criticized as increasing the number of children living in poverty as members of families of the "working poor." There have been additional concerns that 1) kin caregivers might give up care of children due to funding issues associated with the five-year limit of TANF, 2) loss of Social Security Income for children with special needs might result in financially needy parents being unable to care for special needs children, and 3) parents with prior convictions for substance abuse related charges would be found ineligible for TANF benefits (McGowan & Walsh, 2000, pp. 16-18).

The growing size of foster parent caseloads during the 1980's and 1990's following the AAPCWA of 1980 and the Personal Responsibility and Work Opportunity Act of 1996 was met with further adoption legislation, the Adoption and Safe Families Act (ASFA) of 1997. Adler (2001) noted that ASFA was established to limit the situations in which reasonable services must be offered, thus moving the case forward into permanency planning and termination of parental rights in rapid succession (p. 2). Reunification services could be denied without reasonable efforts being made in instances of parental convictions for murder or manslaughter, previous involuntary termination of parental rights to another child, previous felony assault on the child or another child of the parents, or if the parent has subjected the child to torture, chronic abuse, sexual abuse, and/or abandonment (pp. 2116-2117).

There was strong critical review of the impact of ASFA on the population of families with children in out of home placement with kin caregivers and foster parents. Adler (2001) argues that the choices between maintaining children with their families, or moving forward with termination of parental rights were limited and they did

not meet the needs of the children currently placed in foster care (p. 16). McGowan and Walsh (2000) raised concerns that TANF changes might increase a group of working poor (including their families of origin as well as relative caregivers caring for them), thus placing them at higher risk for stress as well as impacting a greater need for preventative services for families (pp. 24-25). Further, they found that the impact of the ASFA legislation and the changes in TANF were still unknown at the time they reviewed both pieces of legislation.

Smith, Rudolph, and Swords (2002) noted that the children of color, particularly African-American children were found in kinship care in larger numbers than other groups of children. Additionally, they were more likely to be placed there by public agencies. The implications that this already oppressed group might be subjected to continued impoverishment with relative placements was of concern (pp. 179-180). Further, they found that children placed with relatives spent longer periods in foster care and were less likely to have timely permanency as defined by the ASFA legislation (p. 184).

Lyons (2002) noted that the timelines found under ASFA did not adequately meet the needs of families with histories of domestic violence. She also argued that domestic violence should be presented as one of the "compelling reasons" noted by ASFA for exception from the timelines (fifteen of the past 22 months) that children remained in foster care (pp. 409-410). Women who shared histories of domestic violence and substance abuse were further disadvantaged by new TANF regulations which prohibited benefits for those with prior substance abuse convictions.

Finally, Barth, Webster, and Lee (2002) found ASFA legislation challenges which resulted in Native American and Alaskan Native children receiving adoption permanency less frequently than all other ethnicities, with the exception of African American children (p. 154). Further, they argued that ASFA may be in conflict with the Indian Child and Welfare Act (ICWA) over the issue of timelines proposed by ASFA as well as ICWA's higher standards for termination of parental rights and the expectation that children be placed with members of their own culture (pp. 156-157).

Predicting Adoption Disruption

Special needs children have been the subject of much study in relation to disrupted adoptive placements.

Barth, Berry, Yoshikami, Goodfield, and Carson (1988) noted a 10.2% rate of adoption disruption. Additionally, they found several characteristics common in adoption disruptions for older children. Older children and children with previous adoptive placements were at higher risk for disruption (p. 227). The rate of disruption for older children was lower when children were adopted by foster parents. They also found that single-parent or sibling adoptive placements did not disrupt with a higher frequency than for other adoptive placements, which was in conflict with prior studies. The differences noted between this study and other studies of adoption disruption were attributed to the randomness of the samples of these studies (p. 231).

Barth and Berry (1988) found characteristics common among adoptive parents of disrupted adoptive placements in their nonrandom sample of the Northern California counties' adoption disruptions. These characteristics included new adoptive parents (those who took placement of the child specifically with the known purpose of

adoption), adoptive parents with a larger number of adopted children, adoptive parents with fewer relatives in the area, a lower frequency of church attendance for adoptive parents, adoptive parents with less contact with other adopting parents and/or foster parents, and higher education by the adoptive parents (pp. 159-160). It appeared that families with fewer familial supports as well as fewer informal supports (church members, other foster parents or adoptive parents, etc.) were at greater risk for disrupted adoptive placements.

In addition to children's characteristics and adoptive parents' characteristics, agency practices have been reported as having an impact on adoption disruptions. Ward (1997) wrote that "[a]gencies with fragmented services, such as different workers for different aspects of the adoption process, and inadequate post placement services may fail to detect problems or to support new families (p. 257)." The fragmented child welfare system should be considered when looking at the unmet needs reported by pre-adoptive families. Multiple workers in child welfare cases have resulted in fragmented services given or unmet needs. These unmet needs included 1) inability to access caseworkers,

2) delayed adoption finalization and inadequate information given about their children, 3) inability to access non-agency services (such as medical care, counseling, and childcare), 4) inadequate financial assistance, and 5) lack of referrals to informal supports (such as other adoptive parents as mentors). Financial support was reported as one of the issues for African Americans who might be more inclined to adopt if it were more financially feasible for them to do so (Kramer & Houston, 1998, p. 429). Smith, Rudolph, and Swords (2002) summarized their review findings about kinship caregivers and permanency when they noted the need for increased supervision of children and services provided to them when placed in the care of their relatives (p. 186). Again, the fragmented services offered through agencies might be considered as an area of need.

Barth, Berry, Yoshikami, Goodfield, and Carson (1988) found that the rates of disruption varied based on the different age ranges of the children sampled: 4.7% for ages 3-5, 10.4% for ages 6-8, 17.1% for ages 9-11, 22.4% for ages 12-14; 22.6% for ages 16-18 (p. 230). This study did not clarify at what age the children in the sample were adopted, which would have been helpful

information in understanding the problem of older-child adoption.

Barth and Berry (1990) looked more closely at the problems related to children adopted as adolescents in a later study. They found that two-thirds of the sampled group had special needs, which included medical conditions, developmental disabilities, and emotional and/or behavioral problems. Gender differences were not found to have an impact on adoption disruption. Adolescents with disrupted adoptive placements spent less time in foster care when compared to the successful adoptive placements. Adoptive parents with a closer approximation to the age of the natural parents were found to be more successful when compared to younger adoptive parents (pp. 214-215).

Barth, Berry, Carson, Goodfield, and Feinberg (1986) reported the following contributors to adoption disruption: 1) family and child characteristics, 2) attachment of the child to the adoptive parents, 3) transracial adoption, 4) preadoption experiences of the child prior to out-of-home foster placement, and 5) contested termination of parental rights for the children. Factors found to build stability of families

included: 1) formal adoption services, 2) parent preparation, 3) pre-adoption groups, 4) adoption subsidies, 5) sibling placement, 6) post placement services, and 7) informal networks and services (pp. 361-366). Leung and Erich (2002) added findings that the lower the children's behavioral scores, the higher the adoptive parents' perceptions of their families functioning (p. 812). It appeared that service availability and delivery were critical in reducing potential problematic behaviors and emotional difficulties. Through adequate services availability and delivery, families' positive perceptions of their lives might be enhanced.

Pre Adoptive and Post Adoptive Services

Potter and Klein-Rothschild (2002) noted that "[c]hildren with emotional and behavioral disturbances are at higher risk for many negative child welfare events" (p. 145). Additionally, they reported that children with marked emotional and behavioral disturbances were often the same children who had experienced neglect and/or abuse with intervention by child welfare agencies that resulted in removal from

their family homes. The maltreatment by the parents and the intervention by child welfare agencies served as potential further stressors for emotional trauma for these children (pp. 145-147). Additionally, the need for sharing information about the children's history prior to out-of-home placement was reported as one of the areas of unmet service needs for families adopting older children (Festinger, 2002, p. 531).

Adoptive families reported in interviews with Festinger (2002) that they had unmet post adoption needs which included after-school services, educational services, home assistance, clinical services, health services, housing assistance, vocational services, and legal assistance (p. 531). Rosenthal, Groze, and Morgan (1996) studied post adoption as well as pre adoption services in their study of 562 adoptive families from three different states. They found that counseling and education about adoption issues, child development, and planning for the children's futures were evaluated as helpful by 60% of the families; respite care was reported as helpful by 80% of the families. They also found that the service needs of families adopting children with behavioral difficulties were higher than those of any

other subgroup found in their study (which included medical disabilities, developmental disabilities, etc.). Families also reported a need for greater social support, such as contact with other adoptive and/or foster families. Financial subsidies and medical subsidies were found to be strongly desired by the majority of families surveyed (p. 163).

Kramer and Houston (1998) presented additional pre adoption services, which included 1) recruitment services aimed at finding available adoptive families, 2) home studies (individual and group) to provide families with information about special needs adoption and to assess eligibility of adoptive parents, 3) placement matching for children and prospective adoptive families, 4) agency disclosures of prior history about birth families for prospective children being placed for adoption, 5) preplacement visits for children with prospective adoptive families, and 6) following placement in prospective adoptive homes, referrals to appropriate agencies for medical, educational, financial, and counseling support for families (p. 424). Notably, many of the preplacement services were listed as unmet needs when families were questioned about what they perceived

were needed prior to their adoption finalizations (Festinger, 2002, p. 531); Rosenthal, Groze, & Morgan, 1986, p. 163).

Howe, Shemmings, and Feast (2001) argued that children older than two years of age, particularly if they are female, were more likely to report mixed feelings or negative experiences related to the adoption experience. They found that adoptees discussed issues of self-worth in their experiences of being adopted. They reported that provision of information about the children's backgrounds, information about their birth families, information regarding the country of origin including language and culture, and circumstances leading up to their adoptions as important in building the children's identity and self-worth. Lack of background information about adopted children was one of the unmet pre-adoption needs noted above by families. Additionally, they found a need for professionals and social work services to have expertise in the subject areas of attachment disorders, understanding of the effects of long-term abuse and neglect on children, and in the development children and their identities through the adoptive experience (pp. 346-347).

Theories Guiding Conceptualization

The strengths perspective was utilized in the selection of a sample in which the adoptive families, i.e., those who have received pre adoption services, were chosen in the gathering of the information. Clearly, if service delivery is to be improved in any way, the input of these families is critical. Additionally, anticipated inherent strengths of the agency and the families can be expected to be found through the process of analyzing these data.

Developmental theories, such as Erickson's (1950, 1968) stages of life development were considered in designing this project. Developmental stages of the adopted children from 0-18 years were covered in the first five stages which included basic trust versus mistrust (0-18 months), autonomy versus shame and doubt (18 months-3 years), initiative versus guilt (3 years to 6 years), industry versus inferiority (6 years to 12 years), and identity versus role confusion (13 years to 18 years). Children placed by child welfare agencies can have arrested emotional development as a result of disrupted attachments in the earlier stages. Many of the noted disruptions in adoptions were found during the

period of identity versus role confusion stage, which seemed to indicate that the children's sense of identity during this period, combined with insecure early attachments might have led to increased familial conflict within families at risk for disrupted adoptive placements.

Life stages could be considered when reviewing difficulties within adoptive placements for the adoptive parents as well. Typically, adoptive parents were noted as being older than their mid twenties. The stages of development most likely to impact this group of parents were generativity versus stagnation (middle years) and ego integrity versus despair (older adulthood). Middle adulthood was sometimes characterized as a period in which people raised their children, worked their careers, and sometimes assisted and cared for their elderly parents. Adoptive parents might be impacted by these experiences and they might also have had to undergo difficulties with fertility, which has the potential to add to their stresses as familial systems. Older adults raising children sometimes have additional challenges of health problems and losses (of friends and family members) as additional stressors.

Systems theory was another theory underlying this project. The interaction of legislation with macro agencies, such as child welfare agencies and public adoption agencies was noted earlier in this review. The impact of these changes was also reviewed for various mezzo (family) systems, such as those disadvantaged by poverty, domestic violence and/or substance abuse, and kinship caregivers. The failure of fragmented service systems such as public child welfare agencies (macro systems) were one of the areas of concern for disrupted adoptive placements. Finally, the inherent characteristics of particular groups of adoptive parents and adopted children have led to the need for micro work as well. Therapy services, often referred to as micro work, have been utilized to assist adopted children with adjusting to their role as an adopted child. Additionally, therapy services have been utilized to assist families with becoming cohesive and loving supports for adoptive children [mezzo systems] (Zastrow & Kirst-Ashman, 2002, pp. 23-27).

Summary

In summary, adoption legislation has been a guiding force in the practice of child welfare agencies, including adoption agencies. Changes in legislation have led to decreased timelines for children residing in foster care, thus forcing the issue of expeditious permanency and in some cases termination of parental rights. Disruption rates for adoptive placements occur in low frequencies given the changes noted in adoption legislation. Pre-adoption services offered by child welfare agencies can assist in stabilizing placements for older children, children with behavioral difficulties, and children with exceptional developmental disabilities or those children most often referred to as special needs children. The need for exploring pre-adoption services within Riverside County is critical in making the necessary steps toward decreasing adoption disruptions. Finally, theoretical concepts such as the strengths perspective, Erickson's life stages of development, and basic systems theory are the underlying theoretical bases for this research study of pre-adoption services.

CHAPTER THREE

METHODS

Introduction

This chapter explored the methods of this study. The research employed a design that was both quantitative and qualitative. Questions on the proposed questionnaire addressed the pre-adoption services and delivery offered to families prior to their adoption of children from Riverside County Child Protective Services, a child welfare agency. Data was collected via mailed questionnaires over a two-month period.

Study Design

The specific purpose of the study was exploring and evaluating pre-adoption needs of adoptive families who have previously adopted children from Riverside County Child Protective Services. This study was both quantitative and qualitative in design. It was mailed to relative kin caregivers, foster parents, and foster family agency/outside cooperative licensed adoption agency foster parents who had adopted children from Riverside County Child Protective Services from July 1, 2003 to June 30, 2004.

This survey explored the needs of families adopting children from child welfare in Riverside County from the parents' perspectives. Evaluation of service delivery provided by child welfare agency social workers during the pre-adoption phase was also explored. Additionally, this study examined families' perceptions of unavailable services that they felt might have been helpful during the pre-adoption phase.

This study was sent to parents who have adopted because, based on their experience with adoption, they possessed the most effectual information for evaluating services provided to them. The questionnaire gave them the opportunity to describe what services, referrals, and support (from agency social workers as well as family, friends, and community supports) were provided prior to their adoptions.

There were some limitations to this particular study design. Senior caregivers might have had difficulty with the handwriting needed to complete the questionnaire due to health issues such as arthritis or visual acuity problems. Additionally, the questionnaire would not have been accessible to those with reading disabilities or those with severe vision difficulties (those that were

unable to be corrected). There was also the possibility that the data collected by some of these adoptive families could have been biased by contact with the study's author as she was a children's social worker during the time of the study.

The research question was, what types of services and referrals do adoptive parents, both prior kin caregivers as well as prior foster caregivers, feel are needed in the pre-adoptive phase for children served by child welfare services to enhance positive adoption outcomes?

Sampling

The sample consisted of 72 completed questionnaires. Riverside County Adoptions assisting in the finalization of 371 adoptions from July 1, 2003 to June 30, 2004. Questionnaires were mailed to 273 families who had adopted during that time period. Some families adopted more than one child. Twenty questionnaires were returned with no forwarding address. Data were collected from December 7, 2004 through February 10, 2005. The questionnaires were mailed to all families who had completed an adoption with Riverside County Child

Protective Services during the one-year fiscal period prior to the starting date of data collection (July 1, 2003 to June 30, 2004) and the study was based on the responses received back from families who desired to participate.

Data Collection and Instruments

Open ended qualitative questions addressed what agency services the families felt were most helpful during the pre-adoptive phase, whether or not agency social workers were able to successfully link families with those services, whether or not the families had outside friends, families and professional support who assisted them in finding needed resources for their families, and whether or not the child welfare agency was perceived by the families as supportive of their efforts to adopt during the pre-adoption process. Qualitative questions were categorized based on the responses received by the families. See Appendix A for a copy of the questionnaire mailed out to the participants of the study.

Basic demographic quantitative information was collected for the adopted children and their parents. Age

of the adoptive parents, age of the children, as well as the number of children adopted by the parents were recorded as continuous measures. Income data were collected as an ordinal measure.

Nominal levels of measurement were utilized for all of the other quantitative data collected. These variables included whether or not the adoptive parent/s were foster parent's or relative caregivers prior to the adoption of the child/ren, the adoptive parent/s were co-parenting with a spouse or partner, the adoptive parent/s have adopted before, and the adoptive parent/s received Adoption Assistance Program (AAP) income for the child/ren adopted. Nominal measures were utilized to determine if AAP made it financially more feasible to adopt the child/ren in care, the child/ren in care have required the additional educational support of an Individual Education Plan, the child/ren adopted have required therapy prior to completion of the adoption, and psychiatry services were required for the child prior to the adoption. Nominal measures were also used to measure the ethnicities of the adopting parents and the children they adopted.

Nominal levels of measurement were utilized to categorize qualitative responses about agency services/referrals that families found helpful prior to the adoption, the reason therapy and/or psychiatry services/referrals were provided for the adopted child/ren, whether or not agency social workers were considered helpful in gaining the needed services/referrals for families, whether or not there were natural supports (family, friends, members of the community) who assisted in providing resources or community referrals prior to the adoption, and whether or not the adoptive parent's felt that they had the support of agency social workers during the adoption process.

Qualitative questions addressed families' perceptions of agency support, their social workers' abilities to link them to needed services, and existing friends, family members, and additional professionals who were able to link them to needed resources. Additionally, the need for therapy services and psychiatric services was evaluated. All information gathered for the above independent variables was categorized and analyzed as nominal levels of measurement.

Data were collected about what services would be considered to be most helpful and which services were provided that were considered helpful. The responses to these qualitative questions were categorized and they were analyzed as nominal levels of measurement. Services provided and proposed services were considered the dependent variables of this study.

The strength of the instrument is that it addressed many of the independent variables already found to be important by prior research studies. These variables included, but were not limited to demographic information (age, ethnicity, education completed, etc.) of the adopted children and parents, helpfulness of AAP, services used for the children, such as school Individual Education Plans, psychiatric services, and therapy services, etc. Weaknesses included perceptions by adoptive families of their children's needs with likely variance from family to family. Some families might have more heavily reported problems based on individual experiences with their families and they might have also reported greater problems with their social workers based on their individual experiences with their families. Perceptions of families about what helped might also be

impacted by their recent adoption completion. One additional weakness was that the participants had the option of not completing the qualitative questions in the instrument, and many elected not to do so as a result.

The instrument was tested on a select sample of 10 social workers, including the three supervisors of Riverside County Adoptions. A copy of the questionnaire and the study information was given to the supervisors to share with the adoption workers at their unit meetings. Feedback about the instrument and changes were made based on the feedback. The supervisors and the seven additional social workers reviewed the instrument to ensure that the questions were comprehensive, easily understandable, and that they were designed to elicit information that could best be used for agency purposes for long-term purposes.

Procedures

Data were collected from December 7, 2004 to February 10, 2005. Questionnaires were mailed to all adoptive parents who had recently finalized adoptions with children from Riverside County Child Protective Services. Questionnaires from adoptive parent/s which were received by February 10, 2005 were included in the

data for this study. Children and families may reside out of Riverside County, but all data were collected from children receiving services through Child Protective Services in Riverside County. Postage paid envelopes were included with the questionnaires, the letters of informed consent, and the debriefing statements when mailed to the families. These envelopes were included to increase the likelihood of participants returning them.

Discussion of the study was held with adoption supervisors in December 2004 for purposes of information sharing with families who might have had questions regarding the study. This was intended to assist families with becoming more aware of the need for their input regarding pre-adoption services and delivery.

Protection of Human Subjects

Questionnaires were mailed via postage paid envelopes and they were returned to Riverside County Adoptions upon completion. The mailed questionnaires were sent out with letters of informed consent. See Appendix B for a copy of the letter of informed consent. The questionnaires specifically did not list the names of the participants and the informed consent letters did not

require signatures. The study participants were asked to identify that they had read the questionnaires with an "X." Names were not utilized as identifiers for study participants and all efforts were made to ensure that the study participants were not identified by other demographic information by reporting only group findings. Addresses, another personal identifier, including zip codes were not included in data collected as an additional protection for the human subjects involved. The mailing list was provided via labels from Riverside County Adoptions and any remaining duplicate labels were destroyed after the questionnaires were sent to families.

A debriefing statement was included (see Appendix C). The purpose of the debriefing statement was to acknowledge that the completion of this questionnaire could lead to discussion about problem areas or issues within families. The debriefing statement referred the adoptive parents to mental health services available to their family and their children through Medi-Cal authorized providers and the contact number for setting up needed therapy services was included.

An application was completed with the Department of Social Work Sub Committee of the Institutional Review

Board (IRB) for the use of human subjects in this study. IRB approval was received in October 2004. No study modifications were recommended by the IRB at that time.

Data Analysis

Data collected was quantitative and qualitative in nature. Variables were measured at nominal, ordinal, and continuous levels. Relations were explored through bivariate analyses such as correlations. Examples of assessed associations included the ages of adoptive parent/s and adopted child/ren at the time of the adoption. Chi-squares were used to study the relationships between the ethnicity of the adoptive parent/s and adopted child/ren and comparison of qualitative responses by prior kinship caregivers with prior foster parents.

Qualitative question responses were categorized into nominal measurements and they were analyzed for two separate groupings: prior kinship caregiver/s and prior foster parent caregiver/s. Basic concepts that were addressed included services and referrals that families reported were helpful in planning to the adoption of their child/ren. This study sought empowerment of

families' and gave credence to the validity of their experience by asking them what they believed was most helpful to them in the pre-adoption planning phase.

Summary

Quantitative questions and qualitative questions were included in the questionnaire that was mailed to study participants. An informed consent was sent to participants without the use of identifiers such as names, addresses, and zip codes for the protection of the human subjects involved. An application was completed with the Department of Social Work Sub-Committee of the Institutional Review Board for the use of human subjects for the completion of this study. Data analyses included bivariate correlations of the relations between variables.

CHAPTER FOUR

RESULTS

Introduction

The univariate results of the study included the frequencies of multiple two-category nominal variables as well as scaling questions. Bivariate results included chi square tests between two-category nominal variables, and t-tests of two category nominal variables and interval variables. Frequency tables 1-29 were placed in Appendix D at the end of this study. Chi square test tables 30-45 were placed at the end of this study in Appendix E for ease of the reader. Qualitative data were analyzed for themes and examples of qualitative responses were provided exactly as written by study participants.

Presentation of the Findings

The findings gathered are the result of the responses to 72 questionnaires of the 273 mailed questionnaires received from Riverside County Adoptions from December 7, 2004 to February 7, 2005. Additionally, 20 questionnaires were returned with no forwarding address which indicated a response rate of 38.5%. The questionnaire surveyed adoptive parents about agency

services and support they received during the pre-adoption phase from their most recently completed adoption experiences. Questions were both quantitative and qualitative in nature. They included basic demographics, questions about services offered prior to adoption, and open ended questions regarding the services they received, as well as agency support, if any, that they received. Comparisons were made regarding two subgroups, foster caregivers and kin caregivers.

Univariate Analysis

Foster parents were represented by 70.8% of the sample and kin caregivers consisted of 29.2% of the sample. Some adoptive parents shared a familial relationship with the child/ren they had adopted. Of the kin caregivers who responded, almost all (52.4%) were either grandparents or aunts/uncles (38.1%). Adoptive families reported that they were co-parenting the child/ren with a spouse, partner or additional family member for 75% of the sample. Adoptive parents reported that the most recent adoption was their first adoption experience for 76.4% of the children adopted. Of adoptive parents who had previously adopted, the majority, 13.9% had adopted one child. Siblings were not

adopted at the most recent adoption hearing for 75% of the sample. The number of siblings adopted by families was limited to one other child for the larger number of families represented, 20.8%. See Appendix D for a list of the frequency tables and review of these findings.

The age range of child #1 was 1-14 years. The average age of child #1 was 3.99 years, the standard deviation 3.498. The age range of child #2 was 1-16 years. The average age of child #2 was 5.77 years, the standard deviation 3.854. The age range of child #3 was 1-6 years. The average age of child #3 was 3.20 years, the standard deviation 2.588. The age range of adoptive parent #1 was 28-67 years. The average age of adoptive parent #1 was 42.61, the standard deviation 10.221. The age range of adoptive parent #2 was 27-73 years. The average age of adoptive parent #2 was 41.08, the standard deviation 8.952.

The ethnicity of first adoptive parent for the majority of the sample was Caucasian (59.7%) and the remaining were Asian (9.7%), (Latino 3.6%), and African American (5.6%). The remaining (1.4%) did not respond to the question. The majority of the adoptive parents (63.9%) did not state an ethnicity for the second

adoptive child. Of the respondents who stated ethnicity the majority listed Caucasian (23.6%), Latino (5.6%), African American (5.6%), and Native American (1.4%). The ethnicity of the children adopted was again represented in larger numbers by Caucasian (43.1%). The remaining were Latino (34.7%), African American (11.1%), Asian (1.4%), and Native American (1.4%).

Adoption Assistance Program grants (AAP) made it more feasible to adopt the child/ren in their care. Financial assistance was reported to have made it more feasible to adopt the child/ren for 79.2% of participants. Adoptive parents reported that 77.8% of the children they had recently adopted had not required Individual Education Plans (IEP's) in school prior to their adoptions.

A majority of the children adopted (56.9%), did not require the assistance of a therapist. For the children who needed therapy (n=17), these services were required to assist them with issues related to separation from their birth families and the transition to adoption. The remaining respondents cited Attention Deficit Disorder, Oppositional Defiant Disorder, and other behavioral issues (n=6), attachment related issues (n=4), grief and

loss regarding their birth family (some had parents who had died) (n=3), and Bi Polar and Depression disorders (n=3). Some families cited more than one of the above reasons for the necessity of therapy.

The vast majority of adopted children did not require the services of a psychiatrist (90.3%). Of the parents who responded to this question, four reported that the children required psychiatric services for treatment of Attention Deficit Disorder, one reported chronic prenatal drug and alcohol use by the birth mother, and two did not make statements about why psychiatric services were used.

The highest level of education completed by the first adoptive parent was listed as BS/BA degree (22.2%), less than two years of college 22.2%, AA degree (13.9%), a high school education (12.5%), trade or vocational school (11.5%), eleventh grade (5.6%), eighth grade or less education (4.2%), MA/MS degrees (2.8%), ninth or tenth grade (2.8%). Sample participants did not list the education for the second parent for 27.8% of the completed questionnaires. The remaining participants listed the highest level of education for the second parent as: two or less years of college (20.8%), MA/MS

degrees (15.3%), BA/BS degrees (8.3%), high school graduates (8.3%), AA degree (5.6%) trade or vocational school (4.2%), and Ph.D. or an MD degree (2.8%).

Adoptive parents listed their gross annual income as: \$75,001-100,000 for 23.6%, \$25,001-50,000 for 22.2%, under \$25,000 for 20.8%, \$50,001-75,000 for 15.3%, and \$100,001 and over for 11.1% of respondents. The remaining 6.9% elected not to respond to the question.

Bivariate Analysis

Chi square tests revealed several significant relationships between two-category nominal variables for this study. A review of the frequency counts, probability (p) and the degrees of freedom (df) were noted for six separate tests. Additionally, two tests revealed possible trends. Discussion about the significance of these findings was placed in Chapter Five. See Appendix E for tables 30-45, which listed the counts for the nominal variables, which were compared.

The first chi square test examined the relationship between financial assistance/AAP (Adoption Assistance Program grants) given to adoptive families and the number of adoptive parents who reported that their adopted child/ren required the services of a therapist prior to

the adoptions. See Table 30 for a review of crosstabulation counts. Parents of children who needed therapy services were more likely to have been offered Adoption Assistance Program (AAP) grants (chi square = 5.405, df = 1, and p = .020). See Tables 31-32 for these findings.

The second chi square looked at the relationship between financial assistance/AAP and co-parenting of the adopted children. All adoptive parents who were not co-parenting children were receiving AAP (chi square = 5.121, df = 1, and p = .024. See Tables 33-34 for these findings).

The third chi square test examined the relationship between therapy services offered to children prior to their adoptions and the frequency of siblings being adopted at the same finalization hearing. Those who adopted siblings were more likely to be offered therapy services than those who were not (chi square = 15.880, df = 1, and p = .000). See Tables 34-35 for these findings.

The fourth chi square test reviewed the relationship between therapy services offered to children prior to adoption and the support of the agency social worker

during the adoption process. Adoptive parents who perceived that they had the support of the agency prior to the adoption were less likely to report that the children needed therapy services prior to adoption (chi square = 4.855, df = 1, and p = .028). See Tables 36-37 for these findings.

The fifth chi square test examined the relationship between therapy services offered to children prior to the adoption and Individual Education Plans (IEP's) offered to children prior to their adoptions. Those for whom IEP's were needed prior to adoption were more likely to report that therapy services were needed prior to adoption (chi square value = 19.075, df = 1, and p = .000). See Tables 38-39 for these findings. It should be noted that the cells were too small in this test to report a valid chi square.

The last chi square test examined the relationship between IEP services offered before adoption and psychiatric services offered prior to the adoption. Children who received psychiatric services were especially likely to also receive IEP services (chi square = 6.045, df = 1, and p = .014). See Tables 40-41

for these findings. It should be noted that the cells were too small in this test to report a valid chi square.

There were two possible trends found through crosstabulation, which could not be tested because two cells had expected counts of less than five. One such trend was found when reviewing the relationship between social worker assistance with finding services and relative caregivers who were grandparents. The other trend was found between adopted children who received both therapy and psychiatric services. See Tables 42-44 for a review of these crosstabulations and the invalid chi squares that resulted.

The relationship between the number of children adopted and whether or not the children received IEP services prior to adoption was reviewed through a t-test. The mean for the group who had received IEP services was 3.40, which was significantly more than the mean for the group who had not received IEP services 1.55 ($t = 2.434$, $df = 14$, and $p = .029$).

Finally, the relationship between the number of children adopted and therapy services offered to children before adoption was explored. The mean for the group of children who previously received therapy services was

2.89, which was significantly more than the mean for the group of children who did not receive therapy services prior to adoption was 1.13 ($t = 2.668$, $df = 15$, and $p = .018$).

Qualitative Analysis

Adoptive parents listed agency services and resources that they found most helpful in preparing them for adoption. Riverside County Adoptions and Child Protective Services (CPS) referred them to services and programs that helped them ($n = 32$) and that their Foster Family Agency/licensed adoption agency linked them to services ($n = 8$). Adoption training/classes ($n = 17$), childcare referrals ($n = 1$), referrals to schools, regional centers, and county public health nurses ($n = 4$), therapy ($n = 1$), and financial assistance ($n = 4$) were reported as helpful. There were multiple responses given regarding Riverside County CPS/Adoptions support, FFA/private adoption agencies support, and feedback regarding adoption training. Some of these responses are highlighted below.

Adoptive parents shared what they felt was most helpful about the agency social workers from Adoptions and CPS. One respondent considered Riverside County

Department of Public Social Services as a resource. This person wrote that "They told us about all the proceedings answered all our questions-made us feel comfortable." Another family reported "Our case worker was very helpful and knowledgeable-Meeting a family who recently adopted. The experience was useful." Additional responses included "I cannot say enough about all the social worker's involved. They were great-they really cared about the child's safety-I was also pleased that, I did not have to hire an attorney-we were also informed of the progress towards adoption-personally I feel good about the County of Riverside, they are doing their best to save the children from child abuse and neglect." Finally, another family's experience was described as "The adoption social worker was the most valuable resource because she was there from the beginning of the process to the end of the process. My child's social worker was changed several times and the new workers would barely be up to speed on the particulars of our case."

Foster family agencies (FFA)/private adoption agencies were listed as a significant resource for many families who responded. One example of what was found to be helpful from a FFA/private adoption agency was noted

in the following "Kinship (Center FFA) and their monthly support group was extremely helpful. It allowed us to understand some of the situations we would be facing and various methods to resolve them. Everyone was in different states of adoption so we were able to identify with other couples as we progressed through the process." Another family reported "Explaining the adoption process. We used a private agency for adoption. Their training on development, things we could expect to encounter was excellent!!! The initial homestudy SW was so detached we could grunt & she would accept it as an answer. The last was excellent-we both wished she was with us throughout-she could explain everything, she was interactive. She helped my partner work through his fears of adoption."

Adoption training was frequently cited as an agency resource that many families listed as being helpful. One family wrote that they "Thoroughly enjoyed 8 wks of classes-covered all aspects of adoption; especially visiting adoptive parents and their 1st hand experiences. Also my C.W. (child worker) was very supportive during the wait." Another family stated "Adoption courses were an excellent resource. The adoption social workers were

very supportive. It allowed us as a family to explore some of the issues dealing with cross-racial issues in adoptions and issues possibly in the future when our child may have questions about his adoption-the staff teaching this course was extremely helpful and also making contacts with other adoptive parents was helpful." One other family reported "D.P.S.S. County of Riverside had a schedule of classes we took to prepare for foster/adopt. Just the entire experience was very organized & happened just as they said it would. There was no disappointments & we think they are doing a wonderful job. Finally, one family wrote "The classes about childrens behavior, drug exposure, abuse, development, etc., why to inform and prepare us. Also our adoptions social worker was a great resource. B.B. knows her stuff & she loves kids and treated us as the parents from day one."

Adoptive parents reported that agency social workers were able to assist them with finding services to help them with the adoption. Of the families who responded, families reported that the agency social workers had linked them to services (n = 38) and others (n = 12) stated that they were not linked to services. The

remaining participants (n = 22) did not answer the question.

The families reported that they were referred for the following services: 1) therapy (n = 16), 2) financial assistance (n = 3), 3) adoption training/classes. Some families reported that the legal services and paperwork completed by adoptions social workers was helpful (n = 5). Additionally, there were some families who did not feel helped by the agency in regard to finding services (n = 10).

Feedback regarding whether or not social workers were able to help families was both positive and negative in nature. An example of positive feedback included "Yes they were always offering services. The counseling and parenting classes helped us through some of our transitions." Another example was listed in the following "Yes by helping find therapists. Also to help us better understand the termination on parental rights process & some advise how to proceed with the adoption." Another family stated "Yes they were able to tell me where to go and who to talk to. They gave me phone numbers and addresses." Finally one family wrote in that "Social

workers were very caring-made a safe environment for us-from unhappy birth parents."

Negative feedback about agency social workers assisting families included "No one helped us find any services in our area. We had to find and shop for ourselves. Or local adoption agency wanted us to drive and hour to Sacramento. I keep wondering what 'services' you are talking about." Another family wrote "Agency workers were overburdened during the preadoptive process. Only real help came from filling out actual adoption papers for filing w/Court. Additionally, a family commented that "They just sent piles of paper. Not very helpful since we live in LA County and the case was in Riverside-It got to be very inconvenient." Finally, one family wrote that they found services on their own "They really didn't offer much help besides completing the adoption. We have found services to help (like 0-5 program and FACT of Corona, Sunshine Preschool all in Riverside). It would have been helpful if someone would have told us about these programs. We have 3 adoptive children that could have used the help."

Adoptive parents reported that they were assisted with finding other resources prior to their adoption from

a variety of helpers. A large number of participants did not answer this question or they reported that they did not need any additional help (n = 44). Natural supports of friends, family, and church contacts (n = 10), social workers from Child Protective Services and Riverside County Adoptions (n = 10), therapists, psychologists, and psychiatrists (n = 5), outside agencies such as Inland Regional Center and California Children's Services (n = 2), foster family agencies and private adoption agencies (n = 3) were listed as helpful in securing additional resources. Some participants listed more than one of the above answers in their responses.

Of the responses given for natural supports, many respondents listed other adoptive families as helpful to them. "My own research and word-of-mouth info from friends that also adopted through the County." Another stated the following: "Friends in the system & other adoptive parents-they helped by just telling us their experiences." Also, one family related "Other foster/adoptive parents. They have dealt with the system for years and they know the in's and out's of the system. Actually they tell you not to believe everything the social workers tell you. Most of us find this out the

hard way." Another family listed "Friends-transportation & emotional support."

The work of CPS social workers and Riverside County Adoptions was noted as being equally helpful with finding resources. One family reported "Our case workers were extremely helpful and truthful." Another family related "There was no one else other than the children's social worker to help us." Also, a family reported "The 2nd social worker, I don't recall her name, but she took over K.M.'s place, I feel she helped me a lot. And I am grateful to the Department of Social Services. Also to Commissioner MS." Finally, a family wrote "R.G., S.P. (social workers). She was very caring and helpful."

Therapists, foster family agency social workers, Inland Regional Center, foster family advocates/associations, and physicians were listed as helpful in securing valuable resources and services. Examples of some of the above were included here for reference. "Novell Counseling services by providing a working diagnoses for our daughter who receives counseling" was mentioned by one family. Another family reported that the therapist was helpful in the following account "One social worker referred us to V.D. for

counseling. Our child had trouble controlling her temper and I needed help before entering school. One family was specific about how their adoption agency helped them "O.C., the adoption agency that found our daughter for us proved to be our best resource for finding therapists, providing strategies & being supportive." Also, another family noted "Our FFA was invaluable. Books, trainings, videos were recommended."

Adoptive families felt that they had the support of agency social workers during the adoption process. The larger number of participants reported that they had felt they had the support of the agency ($n = 51$). There was a group who did not feel that they had the agency's support ($n = 12$). Also, a small part of the sample ($n = 9$) did not respond to the question. Some families reported the agency as helpful, but also shared information about what might have been helpful to them in the process of adopting their children.

Adoptive families were asked what was helpful or unhelpful to them during the preadoption phase of their children's adoptions. One family listed their negative experience with agency social workers in the following: "No, they could have been nice and supported instead of

judgmental and demeaning." Another family relayed "We felt completely supported by our adoption worker B.B. (SW). She provided support in many areas: legal process, emotional, knowledge of special needs children. We never once felt supported by our sons case worker. She could have been more knowledgeable about the adoption process & the emotional impact on adoptive parents. She could have done her job much better. She seemed to lack the basic skills and knowledge needed in working with foster-adopt parents and the legal issues surrounding placement. She also could have respected our bond with our child rather than treat him like he was just another child in the system. I have a degree in social work & my husband a Ph.D. in Philosophy. We both have extensive knowledge in child development. And we chose to adopt because we love kids. Yet our son's caseworker treated us like we were stupid. (Wow, thanks. I never had a change to voice that to the agency. Thank you!)."

Another family felt that they did not receive the disclosure that they would have liked for their son "We were not disclosed to. Our child had many experiences that to this day are unknown to us. The counselor we went to get his "file" and read things were not privy to. I

was told she had patient/therapist confidentiality clause."

Lack of social worker knowledge was reported in the following "A more knowledgeable social worker-there were several area's of information relayed to me that later ended up not being accurate. Since I adopted from another county I do not live in, it would have been nice to have had some adjoining county programs that I could have used locally for support, etc. I felt all resources were over an hour away..." Finally, a family reported "Social worker's caseload was unreal. Even if they wanted to assist us, they did not have the time."

Many families reported that they had the support of agency social workers. One family described their experience: "My first C.W. (child worker) was an intern and I never heard from her again when the internship was over. However, her supervisor took over and was GREAT. She answered my questions, held my hand (figuratively) and was pro-active in educating me through the whole process (B.B.-SW)." Another family relayed "Our SW always returned our phone calls in a timely manner and always answered our questions." An out of state family reported their family's experience in the following "Yes, they

were all very encouraging-the ones in California and Texas. They really tried to keep us informed & process the papers as quickly as when we received them. The accounting dept. even called to arrange things for the adoption before we flew out for the adoption. When we were worried about where the kids were-they moved them immediately. It was a pleasure working with your office. Thank You." Another family listed supportive assistance with biological family visitation "They were very supportive and friendly. The social workers were able to coordinate visits with little to know (sic) interruption to our normal schedule. They also assisted with the final family visits prior to our formal adoption." A grandparent wrote "Yes both workers were very prompt on talking and aiding any concerns for our granddaughter's care, classes, advice, phone numbers." Finally, one family responded "We had the complete support of 'all' the social workers involved- =They informed us of all the necessary steps that need to be completed prior to adoption-For example, physical tests, training classes, background checks, DMV checks."

Adoptive families shared what agency assistance might have been helpful to them with planning their

children's adoptions. A larger number of sample participants indicated that there were some additional things that they felt would have been helpful to them (n = 36) and a smaller number noted that they did not need additional assistance from the agency (n = 24). The remaining participants did not answer this question (n = 12).

There were 35 participants who gave responses about what they considered would have been more helpful to them with the preadoptive phase of their children's adoptions. They included the need for additional training, information, services, and support for adoptive parents and their children (n = 17), the need for a more complete, full disclosure about the children they adopted (n = 5), expediting the adoption finalization process (n = 5), financial assistance did not adequately meet the needs of the children in their care was reported (n = 5), and more assistance with outside agencies (n = 3).

Families gave a variety of responses about how the agency could enhance information, services, and support offered to adoptive parents. One such example included the following: "No one knew of any support group for single adoptive parents and I think it would have been

helpful to have a central list of local support groups, meetings, etc. (sort of like the lic. Daycare list). My particular class wasn't a support out of class." Another family suggested "Yes, classes to help adoptive family siblings understand the transition of a new adopted child into the family." One family reported that they would have liked more "consistency-not getting bounced around between social workers." One respondent advocated for more advertisement about Riverside County Adoptions "Advertise. Let people know this organization is out there. A lot of people do not know about foster/adopt programs." Finally, another family provided valuable input regarding a disrupted adoption "The disrupted adoption could have been prevented if: county workers would open their perspective to include support for adoptive parents. Our child had ADHD and ODD, no one from the county offered to counsel the whole family or train us to deal with these issues and what his anger issues that were being acted out on other family members..." This family went on to say "This is what needs to be done for kids in the system, help them work through the loss of their bio parents and help the adoptive parents connect,

of course all under the supervision of a licensed clinician."

Families reported not feeling that they had a full disclosure of some of the children they adopted. One family wrote "We should have been told the truth regarding his background, his care, and the final visit to his bio parents. There was no follow up. We tried." Another family gave a similar statement "We received an additional packet of information just prior (minutes before) to our finalization. There was critical medical background information that would have answered some of our questions and cleared the confusion. Although this information would not have changed our minds, we (as a family) could have benefited by having this information sooner." Finally, another family advocated for the sharing of medical information sooner in the following: "Medical records should be shown to parents prior to signing the adoption paperwork. You are not shown medical records until after you sign your adoption paperwork and this is when you find out that your 2 yr old was born to a mother who was drunk at the time of the delivery. Or that your baby was supposed to be circumcised but never

was. We should be able to review the foster file. We are expected to adopt a child blindly."

There were several responses regarding the timeliness of adoption and financial concerns from families who had recently adopted. One family reported that "We would like to consider adopting another child, but we are reluctant somewhat due to the long process. I think we could have much more placed children in adoptions if the process was streamlined especially for parents that already adopted children through the Dept." Another family stated "The time for adoption is too long. Needs to be more short." Financial issues were presented as a concern in the following: "During foster care, funding was available for day care Great! After adoption, no funding from agency. Childcare cost is more than AAP. Agency should budget for cost." Another family struggled with their children's medical benefits. "We did an out-of-county adoption and we have had the worst experience we've had & continue to have is with the Cal-Optima/Medi-Cal Codes for /Riverside County vs. Orange County where our children's benefits repeatedly get discontinued whenever the ET's do some kind of adjustment to our cases. It results in my husband having

to make numerous phone calls that is very time consuming. Please fix this problem."

Summary

In summary, the frequencies of the data included exact numbers and percentages of the 72 questionnaires received back from adoptive families. Chi square tests examined the probability of relationships between two-category nominal variables such as AAP and therapy services offered to children before adoption, AAP and the co-parenting of children by adoptive parents, therapy services offered to children prior to adoption and the adopted siblings who were adopted at the same hearing, therapy services offered to children before adoption and the support of agency social workers during the process of adoption, therapy services and IEP services offered prior to adoption, and IEP services and psychiatric services offered prior to adoption. Potential trends were found when relationships were examined between social worker assistance with finding services and relative caregivers who were grandparents, and adopted children who received therapy services and psychiatric services. Independent T-tests explored the probability of

relationships between interval variables such as number of children adopted with such two-category nominals as therapy services and IEP services. All tests included in this chapter revealed significant findings.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter provided a discussion about the qualitative data received and the significant findings of the chi square tests and the t-tests that were reviewed in Chapter Four. The limitations of the study were also addressed. Additionally, the recommendations for adoption social work practice, policy, and research were included in the final summation of this chapter.

Discussion

The first chi square test examined the relationship between financial assistance/AAP (Adoption Assistance Program grants) given to adoptive families and the number of adoptive parents who reported that their adopted child/ren required the services of a therapist. It appeared that children who received therapy were more likely to also receive AAP.

The second chi square test looked at the relationship between financial assistance/AAP and co parenting of the adopted children. It appeared that the

children who had not been co-parented were more likely to have received AAP.

The third chi square test examined the relationship between therapy services offered to children prior to their adoptions and the frequency of times that adoptive siblings were adopted at the same finalization hearing. It appeared that it was more likely that the children who had siblings adopted at the same hearing were more likely to have also have received therapy.

The fourth chi square test reviewed the relationship between therapy services offered to children prior to adoption and the support of the agency social worker during the adoption process. It appeared that it was more likely that adoptive parents who perceived that they had the support of the agency social workers were less likely to report that their adopted children needed therapy.

The fifth chi square test examined the relationship between therapy services offered to children prior to the adoption and Individual Education Plans (IEP's) offered to children prior to their adoptions. This test did show a possible trend that it was more likely that children who needed IEP's were also likely to have needed therapy services prior to adoption.

The last chi square test examined the relationship of probability between IEP services offered before adoption and psychiatric services offered prior to adoption. This test revealed a possible trend that it was more likely that children who received psychiatric services were also likely to have received IEP services.

There were two trends found through crosstabulation, which could not be tested because two cells had a count of less than five. One trend included the relationship between social worker assistance with finding services and grandparents as caregivers. Among the 16 grandparents and other relative caregivers, grandparents were most likely to perceive that social workers assisted them with finding services. There was a similar possible trend found between the need for therapy services offered to children prior to adoption and psychiatric services offered to children prior to adoption. Of the 7 children reported to have received psychiatric services prior to adoption, all but one also received therapy services prior to adoption.

The first of the t-tests examined the relationship between the number of children adopted and whether or not IEP services were offered prior to adoption. These

findings demonstrated that children who were more likely to have received IEP services when more children were adopted by a family.

Finally, there was a relationship between the number of children adopted and therapy services offered to children before adoption. This results of this test indicated that when more children were adopted by a family the adopted children were more likely to have received therapy services before the adoption.

The large number of qualitative responses received from study participants indicated that they perceived that the agency was supportive during the preadoption phase. The information provided by study participants about what was found to be helpful included listening, emotional support, information about the court process, and linkages to other agencies for help. The information gathered from qualitative responses that was more negative in nature related issues regarding lack of full disclosure about the children adopted, lack of emotional support, not enough financial support of children adopted, negative tone of communication from social workers, and failure or ineffectual communication with the social workers. These negative comments were almost

identical to the negative or problematic issues, which kept adoptive families from feeling supported during the preadoptive phase of their adoptions as listed by Kramer and Houston (1998)'s article titled "Supporting Families as They Adopt Children with Special Needs" in Chapter Two of this study.

Qualitative data also revealed that Riverside County Adoptions was preparing families with the suggested steps for preventing adoption disruptions. Adoptive parents stressed the importance and value of the preadoption training that they received in classes, the importance of AAP to assist them in caring for their children, the value of siblings also being adopted, and the linkages to informal networks and services such as support groups. Barth, Berry, Carson, Goodfield, and Feinberg (1986) reported 1) formal adoption services, 2) parent preparation, 3) pre-adoption groups, 4) adoption subsidies, 5) sibling placement, 6) post placement services, and 7) informal networks and services (pp. 361-366).

Limitations

There were several limitations to the information gathered as a result of this study. The higher percentage of prior foster caregivers might have limited the representativeness of the prospective pool of adoptive parents. It was possible that the use of a questionnaire was one of the factors that led to a larger representation of prior foster caregivers. Half of the relative caregivers who did respond were grandparents. Of those who did respond, their comments were brief and difficult to read. If this study were ever replicated, it might be beneficial if questionnaires were completed via home visits with relative caregivers to increase the number of them completed, and for the simple ease of those study participants who wished to participate.

The simple use of the questionnaire might have excluded participants who had learning disabilities. Additionally, the questionnaire was offered in English only, which might have excluded adoptive parents who were unable to read and write in English. It was also not designed to include adoptive parents who were blind.

Of those participants who elected to respond to qualitative questions, comments were split between

negative comments and positive comments. Respondents who perceived that they did not have agency support and assistance during the preadoptive phase wrote comments that were lengthier and which, were much more specific to their individual experiences with the agency. Positive comments were not as specific about what was beneficial, which limited the study's findings about what the agency did well when participants indicated that they perceived support from it.

Study participants who reported positive findings frequently named a social worker with whom they shared good relationships. It is possible that their responses might have been biased by their desire for social desirability. The anonymity of the questionnaire was designed to decrease likeability as a bias, but it could not be excluded entirely.

The study did not ask whether or not the participants completing the questionnaire were male or female. It was possible that gender biased responses might have influenced the way that study participants answered the questions, particularly the qualitative questions.

It was not possible to rule out possible bias for families who had worked with the study researcher as child worker. The researcher did assist families in the role of child worker during the period from which, study participants were selected for the study. It is possible that these prior relationships might have led to biases in the data received from this relatively small number of respondents.

The study questions assumed that delivery of services enhanced adoption outcomes. The data collected did not ask families if they perceived that the services provided actually helped their children have cohesive adoption experiences, which were less likely to result in disruptions. Additionally, the questionnaire did not ask questions about disrupted adoptions or adoption outcomes. The data for this study were limited to the helpfulness of services offered prior to adoption, which assisted in the preadoption phase of the adoptions.

Finally, the data were extremely limited for Native American and Asian populations. There were Native American or Asian ethnicity. The information about the children's needs in relation to their ethnicity was effectively limited to Caucasian, Latino, and African

American ethnic groups. When chi square and T-tests were run with the ethnicities collapsed into Caucasian and all other ethnicities, findings and the richness of the data provided were limited (for ethnicities that were not given consideration as separate sampling groups).

Recommendations for Social Work Practice, Policy and Research

The information gathered from this study left several possible recommendations for future social work practice. Study participants responded in both negative and positive statements about the importance of having clear lines of communication with their social workers during the preadoption process. Those participants who perceived that they had access to their social workers in this capacity listed positive comments about having the necessary assistance and support from social workers. Those participants who perceived that they did not have social workers readily available to them wrote comments that were more negative about the assistance and support they received.

It appeared that families would have liked social workers to consider them each individually when providing information. Some families reported that they had

received a prior education and were already knowledgeable about such adoption related issues such as child development, or they had already adopted children before. Other families listed the need for social workers to provide additional training in an area they would have found more helpful. Examples of additional training and support included requests for training for previously adopted children regarding the child/ren who were currently being adopted, or the need for support groups for single adoptive parents.

The issue of adoptive parents' perceptions that full disclosures regarding their children were not given was somewhat important as well. One of the values of the social work profession has been keeping client information confidential. Families reported that they were not provided the information they needed to assist their children adequately for treatment purposes. There might have been some situations in which the social workers could have provided more information because this information sharing has always been a vital aspect of the preadoption phase of adoptions planning. However, some adoptive caregivers were unaware of the legal issues related to social workers handing out the entire case

records available on their children. Social workers might be aware of the need to share with parents all information about their children within the legal confines of confidentiality laws. Additionally, social workers might convey to adoptive parents that juvenile court records were accessible to them from the court clerk's office immediately after the completion of the children's adoptions. This information provided families with another way to access records that social workers were unable to provide under the constraints of the confidentiality laws.

Adoption policy has recently begun looking at outcomes as the measure for successful adoptions. This appeared to be a critical change from previous policies, which simply focused on decreasing timelines for completion of family reunifications as well as increasing the number of children within child welfare who were being adopted. The change in policy has led to the need for more information from adoptive parents and older children of adoptions. This study was the first of its kind offered to adoptive families in Riverside County, exclusively directed at the evaluation of services and

support offered by social workers that was provided to families who had recently adopted.

The need for additional research is clearly documented if adoption outcomes are to be thoroughly evaluated over time. Study of adoption outcomes will require that families continue to be surveyed regarding their experiences, that older children share their experiences of their adoptions with the agency, when possible, and that longitudinal data be considered to more fully explore negative adoption outcomes (also referred to as disruptions).

Another area of additional study and research is around the area of disrupted adoptions. The literature stated that disruptions were more infrequent. However, the information gathered from adoption disruptions could provide the agency with valuable insight into what the agency might have been able to contribute to help prevent them. At this time, there are no formal or informal agency adoption policies in effect which address disrupted adoptions. Adoption staffings or meetings are held only if and when social workers need to develop an action plan with a family who is struggling with a child/ren in the preadoption phase.

Conclusions

In conclusion, there were some significant findings for the study. These findings revealed that it was more likely that children who received therapy would also received financial assistance/AAP; parents of children who needed therapy services were more likely to be offered financial aid/AAP; parents of adopted children who had adopted siblings were likely to have also received therapy; adoptive parents who perceived social workers' support were less likely to have reported a need for therapy services before adoption; adopted children who had IEP's prior to adoption were also more likely to have needed therapy services; and it was more likely that children receiving psychiatric services would also receive IEP services. Additionally, there were trends found through crosstabulation, which could not be tested. They included the relationship between the perceived support of agency social workers and grandparent caregivers, and therapy services and psychiatric services offered to children prior to adoption.

Additionally, there were significant t-tests, which explored relationships between variables. They found that children were more likely to have received IEP

services when more children were adopted by the family, and that it was more likely that adopted children received therapy before adoption when more children were adopted by the family.

The bivariate analyses of variables suggested that the children who received services prior to adoption were likely to receive more than one service (financial aid, therapy services, psychiatric services, IEP's). Additionally, it appeared that the children who received services needed them and parents who perceived they had the support of agency social workers were potentially less likely to report the need for therapy for the children they adopted prior to the adoption. Some of the data revealed trends due to low crosstabulation frequency counts. Replication or future study might be helpful in interpreting the validity of the trends revealed in this study.

Adoptive families listed several important needs in their qualitative responses to the study questionnaires. These needs included: 1) emotional support and sensitivity of agency social workers in regard to their experiences as adopting parents, 2) full disclosure of information regarding their children, 3) effective

knowledge about services and linkages to them from their social workers, 4) financial support that was adequate for their children's actual needs, and 5) the need for additional training and support groups to assist them and their families prior to and following their adoption experiences.

Limitations of the study included possible gender bias, reporter/researcher bias, inability for particular groups to complete the questionnaires, focus on preadoption services does not necessarily ensure that these services would enhance adoption outcomes, and the degree to which, participants liked their social workers might have also biased the study findings. Additionally, data was limited as to ethnicities for Native American and Asian populations for both adoptive children and their adoptive parents.

Families listed open communication, honesty, full disclosure about their adopted children, and additional training and support as important issues to them in the preadoption planning phase of their adoptions. Adoption policy has changed its focus from that of decreasing family reunification timelines and increasing adoptions, to its current focus on successful adoption outcomes.

There is a need for additional adoption research that includes adoptive parents and the children of adoption. Additionally, the empowering of families within this process can provide the agency with valuable knowledge about what the agency has done well and about what issues the agency can improve. Finally, when adoptions are disrupted, it would be helpful if there was a agency policy in effect to formally address what has happened with agency social workers and families. The information gathered from social workers and families could be utilized to perhaps, prevent future disruptions.

APPENDIX A
QUESTIONNAIRE

***Please base answers to questions from your experience of adopting children from Riverside County Department of Public Social Services, Child Protective Services, between 07/01/2003 to 06/30/2004. The person completing the questionnaire can answer questions 7, 8, and 15 as the primary adoptive parent in the first blank and if comfortable, information about the co-adopting parent can be listed with the second blank for secondary adoptive parent

PRE-ADOPTION SERVICES QUESTIONNAIRE

- 1) Were you a foster parent of the child/ren you adopted?

yes

no

- 2) If not, what was your kin or extended familial relationship to the child/ren adopted? _____

- 3) Are you co-parenting the child/ren with a spouse or partner?

yes

no

- 4) Have you adopted a child/ren before?

yes

no

If so, how many prior children were adopted (before the period of July 1, 2003 through June 30, 2004?) _____

- 5) With the most recent adoption, did you adopt any additional siblings at that hearing? _____

If so, how many birth siblings to this child/ren were adopted?

- 6) How old was the child/ren you just adopted when the adoption finalized? _____

- 7) What was your age at the time the adoption finalized?

- 8) What do you consider to be your primary ethnicity?

- 9) What do you consider to be the primary ethnicity of the child/ren adopted? _____
- 10) What agency services or resources did you find most helpful in preparing your family for adoption and why? _____

- 11) Will you be receiving and Adoption Assistance Grant (AAP) and Medi-cal health coverage for the child/ren you adopted?

yes no

If so, did this financial assistance for the child make it more feasible for you to adopt the child/ren in your care?

yes no

- 12) Did the child/ren you adopted have educational needs that required an Individual Education Plan prior to this adoption?

yes no

- 13) Did the child/ren you adopted require services of a therapist prior to this adoption?

yes no

If yes, why?

- 14) Did your child/ren require the services of a psychiatrist for monitoring of medication prior to this adoption?**

<u> </u>	<u> </u>
yes	no

- 15) What is the last year of education the adoptive parent/s completed in school?**

Grade 8 or less	<u> </u>	<u> </u>	9-10th Grade	<u> </u>	<u> </u>
11th Grade	<u> </u>	<u> </u>	12th Grade	<u> </u>	<u> </u>
Vocational/Trade School Completion			<u> </u>	<u> </u>	
Some College (less than 2 years)			<u> </u>	<u> </u>	
AA	<u> </u>	<u> </u>	BA/BS	<u> </u>	<u> </u>
Ph.D.	<u> </u>	<u> </u>		MA/MS	<u> </u>

- 16) What is the estimated gross annual income for the adopted parent/s?**

Under 25, 000	<u> </u>	25,000-50,000	<u> </u>
50,000-75,000	<u> </u>	75,000-100,000	<u> </u>
Over 100,000	<u> </u>		

- 17) Were agency social workers able to assist you with finding services to help you and your family with the adoption? If so, how were they able to help?**

- 18) Who, if anyone else, was able to help you find other resources to help you and your family prior to your adoption? How did they help?**

- 19) Did you feel that you had the support of agency social workers during the adoption process? If so, what kind of support were they able to provide? If not, what could they have done to help you and your family with the adoption?**

- 20) Is there anything you feel could have been provided by the agency prior to this adoption that would have been helpful to you and your family? If so, what?**

APPENDIX B
INFORMED CONSENT

Informed Consent

November 1, 2004

Dear Adoptive Parent:

The study in which you are being asked to participate is designed to determine which services offered to children and families before adoption are considered most helpful to adoptive parents. This information will be shared with Riverside County Adoptions and the Department of Public Social Services. Your input is considered a valuable resource in determining areas of need for pre-adoptive families. Of particular interest are any differences in the needs of prior kin caregivers and prior foster parents. Participation in this survey does not ensure changes to be made by either Riverside County Adoptions or the Department of Public Social Services. However, the results of the study will be provided to both agencies to provide information about areas of need.

Assistance is needed in gathering information from families who have adopted children about services and referrals provided before the recent adoption. Your experience with adoption gives you valuable and necessary insights about services that have been helpful to you in the pre-adoption phase as well as additional insight regarding ways the agency could have been more helpful to you. Please consider completing one questionnaire per household. You might consider input from a co-adoptive parent in the completion of the one completed form.

This study is being conducted by Colleen Duggin, an MSW student, under the supervision of Dr. Rosemary McCaslin, Professor of Social Work at California State University, San Bernardino. This study has been approved by the Department of Social Work Sub-Committee of the Institutional Review Board at California State University, San Bernardino.

In this study, you will be asked to respond to several basic questions about yourself, your children, and your experiences with foster care and adoption. Additionally, there are open-ended questions to address any possible needs you had during the pre-adoption process as well as the supports you found helpful prior to completion of the adoption/s. The attached questionnaire should take approximately 15-20 minutes to complete. All of your responses will be held in the strictest of confidence by the researcher. Your name will not be recorded with your responses. All data will be reported in group form only. You may review the group results of this study following its completion in June, 2005 at the John M. Pfau Library, California State University San Bernardino, 5500 University Parkway, San Bernardino, CA 92407. Results can also be reviewed at Riverside County Adoptions, 10769 Hole Avenue, Suite 200, Riverside, CA 92505.

Your participation in this study is completely voluntary. You are free not to answer any questions and to withdraw from the study at any time without penalty. Riverside County Adoptions and Riverside County Child Protective Services will not know who participated in the study. Participation in the study will not have any affect on current services or future services offered to you from the agency. In order to ensure the validity of the study, we ask that you not discuss this study with other participants. Please keep a copy of the attached debriefing statement for your records.

If you have any questions or concerns about this study, please feel free to contact Dr. Rosemary McCaslin at the Department of Social Work at (909) 88-5507.

By placing an "X" on the line below, I acknowledge that I have been informed of, and that I understand the nature and purpose of the study, and I freely consent to participate. I also acknowledge that I am an adult over the age of eighteen years. Please return this "Informed Consent" with your completed questionnaire.

MARK (X) HERE

DATE

APPENDIX C
DEBRIEFING STATEMENT

Study of Pre-Adoption Services Debriefing Statement

This study you have just completed was designed to determine which services offered to children and families in the pre-adoption phase are considered most helpful to adoptive parents. This information will be shared with Riverside County Adoptions and the Department of Public Social Services. Your input is considered a valuable resource in determining areas of need for pre-adoptive families. Of particular interest are any differences in the needs of prior kin caregivers and prior foster parents. Participation in this survey does not ensure changes will be made by either Riverside County Adoptions or the Department of Public Social Services. However, the results of the study will be provided to both agencies to provide information about areas of need.

Thank you for your participation and for not discussing the contents of the decision questionnaire with other families who might be participating in this survey. If you have any questions about the study, please feel free to contact Professor Rosemary McCaslin at (909) 880-5507. If you would like to review the results of the study, a bound copy of the study results will be made available at John Pfau Library, California State University San Bernardino, 5500 University Parkway, San Bernardino, CA 92407 or at Riverside County Adoptions, 10769 Hole Avenue, Suite 200, Riverside, CA 92505 in June 2005.

If completion of this questionnaire raises any family issues and you feel that you need help with them, please do not hesitate to contact the Riverside County Mental Health Central Access Team at 1-800-706-7500 for referrals to therapists in your area. Thank you for your assistance in the completion of this questionnaire.

APPENDIX D
FREQUENCY TABLES 1-29

Table 1. Foster Parent

		Frequency	Percent	Valid Percent
Valid	Yes	51	70.8	70.8
	No	21	29.2	29.2
	Total	72	100.0	100.0

Table 2. Relationship

		Frequency	Percent	Valid Percent
Valid	Grandpartents	11	15.3	52.4
	Aunt/Uncle	8	11.1	38.1
	Cousin	1	1.4	4.8
	NREFM	1	1.4	4.8
	Total	21	29.2	100.0
Missing	System	51	70.8	
Total		72	100.0	

Table 3 Adopted children

		Frequency	Percent	Valid Percent
Valid	Yes	17	23.6	23.6
	No	55	76.4	76.4
	Total	72	100.0	100.0

Table 4 Number of children adopted

		Frequency	Percent	Valid Percent
Valid	1	10	13.9	58.8
	2	2	2.8	11.8
	3	2	2.8	11.8
	4	1	1.4	5.9
	5	1	1.4	5.9
	6	1	1.4	5.9
	Total	17	23.6	100.0
Missing	System	55	76.4	
Total		72	100.0	

Table 5 Co-parenting

		Frequency	Percent	Valid Percent
Valid	Yes	54	75.0	75.0
	No	18	25.0	25.0
	Total	72	100.0	100.0

Table 6 Number of siblings adopted

		Frequency	Percent	Valid Percent
Valid	1	15	20.8	83.3
	2	3	4.2	16.7
	Total	18	25.0	100.0
Missing	System	54	75.0	
Total		72	100.0	

Table 7 Adopt siblings at hearing

		Frequency	Percent	Valid Percent
Valid	Yes	18	25.0	25.0
	No	54	75.0	75.0
	Total	72	100.0	100.0

Table 8 Age of child number 1 in years

	Frequency	Percent	Valid Percent
Valid 1	23	31.9	31.9
2	16	22.2	22.2
3	1	1.4	1.4
4	8	11.1	11.1
5	4	5.6	5.6
6	5	6.9	6.9
7	3	4.2	4.2
8	1	1.4	1.4
9	3	4.2	4.2
10	4	5.6	5.6
11	1	1.4	1.4
13	2	2.8	2.8
14	1	1.4	1.4
Total	72	100.0	100.0

Table 9 Mean, Median, Mode, Standard Deviation of Child #1

	Age of child number 1 in years
N	
Valid	72
Missing	0
Mean	3.99
Median	2.00
Mode	1
Std. Deviation	3.498

Table 10 Age of child number #2 in years

		Frequency	Percent	Valid Percent
Valid	1	1	1.4	4.5
	2	5	6.9	22.7
	3	1	1.4	4.5
	4	3	4.2	13.6
	5	1	1.4	4.5
	6	3	4.2	13.6
	7	2	2.8	9.1
	8	3	4.2	13.6
	12	2	2.8	9.1
	16	1	1.4	4.5
	Total	22	30.6	100.0
Missing	System	50	69.4	
Total		72	100.0	

Table 11 Mean, Median, Mode, Standard Deviation for Child #2

	Age of child number 2 in years
N	Valid 22
	Missing 50
Mean	5.77
Median	5.50
Mode	2
Std. Deviation	3.854

Table 12 Age of child number #3 in years

		Frequency	Percent	Valid Percent
Valid	1	2	2.8	40.0
	2	1	1.4	20.0
	6	2	2.8	40.0
	Total	5	6.9	100.0
Missing	System	67	93.1	
Total		72	100.0	

Table 13 Mean, Median, Mode, and Standard Deviation for Child #3

		Age of child number 3 in years
N	Valid	5
	Missing	67
Mean		3.20
Median		2.00
Mode		1(a)
Std. Deviation		2.588

a Multiple modes exist. The smallest value is shown

Table 14 Age of adoptive parent #1

		Frequency	Percent	Valid Percent
Valid	28	1	1.4	1.4
	29	2	2.8	2.8
	30	3	4.2	4.2
	31	2	2.8	2.8
	32	3	4.2	4.2
	33	2	2.8	2.8
	34	5	6.9	7.0
	35	3	4.2	4.2
	36	3	4.2	4.2
	37	1	1.4	1.4
	38	1	1.4	1.4
	39	2	2.8	2.8
	40	6	8.3	8.5
	41	6	8.3	8.5
	42	5	6.9	7.0
	43	1	1.4	1.4
	44	2	2.8	2.8
	46	2	2.8	2.8
	47	2	2.8	2.8
	48	1	1.4	1.4
	49	3	4.2	4.2
	50	3	4.2	4.2
	52	1	1.4	1.4
	54	1	1.4	1.4
	57	1	1.4	1.4
	59	1	1.4	1.4
	60	1	1.4	1.4
	61	1	1.4	1.4
	63	2	2.8	2.8
	64	1	1.4	1.4
	65	1	1.4	1.4
	66	1	1.4	1.4
	67	1	1.4	1.4
	Total	71	98.6	100.0
Missing	System	1	1.4	
Total		72	100.0	

Table 15 Mean, Median, Mode, and Standard Deviation for Adoptive Parent #1

		Age of adoptive parent one
N	Valid	71
	Missing	1
Mean		42.61
Median		41.00
Mode		40(a)
Std. Deviation		10.221

a Multiple modes exist. The smallest value is shown

Table 16 Age of adoptive parent #2

		Frequency	Percent	Valid Percent
Valid	27	1	1.4	2.8
	30	1	1.4	2.8
	31	1	1.4	2.8
	32	2	2.8	5.6
	33	2	2.8	5.6
	34	1	1.4	2.8
	35	3	4.2	8.3
	36	1	1.4	2.8
	37	1	1.4	2.8
	38	2	2.8	5.6
	39	2	2.8	5.6
	40	3	4.2	8.3
	41	2	2.8	5.6
	42	1	1.4	2.8
	43	1	1.4	2.8
	44	2	2.8	5.6
	46	2	2.8	5.6
	48	3	4.2	8.3
	49	1	1.4	2.8
	50	1	1.4	2.8
	52	1	1.4	2.8
	60	1	1.4	2.8
	73	1	1.4	2.8
Total		36	50.0	100.0
Missing	System	36	50.0	
Total		72	100.0	

Table 17 Mean, Median, Mode, and Standard Deviation of Adoptive Parent #2

		Age of adoptive parent two
N	Valid	36
	Missing	36
Mean		41.08
Median		40.00
Mode		35(a)
Std. Deviation		8.952

a Multiple modes exist. The smallest value is shown

Table 18 Primary ethnicity of adoptive parent one

		Frequency	Percent	Valid Percent
Valid	Caucasian	43	59.7	66.2
	African American	4	5.6	6.2
	Latino American	17	23.6	26.2
	Asian	1	1.4	1.5
	Total	65	90.3	100.0
Missing	System	7	9.7	
Total		72	100.0	

Table 19 Primary ethnicity of adoptive parent two

		Frequency	Percent	Valid Percent
Valid	Caucasian	17	23.6	65.4
	African American	4	5.6	15.4
	Latino American	4	5.6	15.4
	Native American	1	1.4	3.8
	Total	26	36.1	100.0
Missing	System	46	63.9	
Total		72	100.0	

Table 20 Primary ethnicity of adoptive children

		Frequency	Percent	Valid Percent
Valid	Caucasian	31	43.1	47.0
	African American	8	11.1	12.1
	Latino American	25	34.7	37.9
	Asian	1	1.4	1.5
	Native American	1	1.4	1.5
	Total	66	91.7	100.0
Missing	System	6	8.3	
Total		72	100.0	

Table 21 Financial Assistance AAP

		Frequency	Percent	Valid Percent
Valid	Yes	57	79.2	79.2
	No	13	18.1	18.1
	Missing	2	2.8	2.8
	Total	72	100.0	100.0

Table 22 IEP before adoption

		Frequency	Percent	Valid Percent
Valid	Yes	15	20.8	20.8
	No	56	77.8	77.8
	Missing	1	1.4	1.4
	Total	72	100.0	100.0

Table 23 Therapy services before adoption

		Frequency	Percent	Valid Percent
Valid	Yes	31	43.1	43.1
	No	41	56.9	56.9
	Total	72	100.0	100.0

Table 24 Psychiatric services before adoption

	Frequency	Percent	Valid Percent
Valid Yes	7	9.7	9.7
No	65	90.3	90.3
Total	72	100.0	100.0

Table 25 Estimated gross annual income

	Frequency	Percent	Valid Percent
Valid under 25,000	15	20.8	22.4
25,001-50,000	16	22.2	23.9
50,001-75,000	11	15.3	16.4
75,001-100,000	17	23.6	25.4
over 100,001	8	11.1	11.9
Total	67	93.1	100.0
Missing System	5	6.9	
Total	72	100.0	

Table 26 Highest education level of parent #1

	Frequency	Percent	Valid Percent
Valid 8th grade or less	3	4.2	4.3
9th - 10th grade	2	2.8	2.9
11th grade	4	5.6	5.7
12th grade/HS graduate	9	12.5	12.9
Trade/vocational school completed	8	11.1	11.4
Some college, less than 2 years	16	22.2	22.9
AA	10	13.9	14.3
BA/BS	16	22.2	22.9
MA/MS	2	2.8	2.9
Total	70	97.2	100.0
Missing System	2	2.8	
Total	72	100.0	

Table 27 Highest education level of parent #2

		Frequency	Percent	Valid Percent
Valid	12th grade/HS graduate	6	8.3	11.5
	Trade/vocational school completed	3	4.2	5.8
	Some college, less than 2 years	15	20.8	28.8
	AA	4	5.6	7.7
	BA/BS	11	15.3	21.2
	MA/MS	11	15.3	21.2
	PhD/MD	2	2.8	3.8
	Total	52	72.2	100.0
Missing	System	20	27.8	
Total		72	100.0	

Table 28 SW assistance with finding services

		Frequency	Percent	Valid Percent
Valid	Yes	38	52.8	52.8
	No	12	16.7	16.7
	2	22	30.6	30.6
	Total	72	100.0	100.0

Table 29 Support of SW during adoption process

		Frequency	Percent	Valid Percent
Valid	Yes	52	72.2	72.2
	No	11	15.3	15.3
	Not stated	9	12.5	12.5
	Total	72	100.0	100.0

APPENDIX E

CHI-SQUARE TESTS

Table 30 * Financial Assistance AAP * Therapy Services Before Adoption
Crosstabulation

Count

		Therapy services before adoption		Total
		Yes	No	
Financial Assistance AAP	Yes	29	28	57
	No	2	11	13
Total		31	39	70

Table 31 * Chi-Square Tests * AAP * Therapy Services Before Adoption

	Value	df	p
Pearson Chi-Square	5.405(b)	1	.020
Continuity Correction(a)	4.062	1	.044
Likelihood Ratio	5.961	1	.015
Fisher's Exact Test			
Linear-by-Linear Association	5.327	1	.021
N of Valid Cases	70		

a Computed only for a 2x2 table

b 0 cells (.0%) have expected count less than 5. The minimum expected count is 5.76.

Table 32 * Financial Assistance AAP * Co-parenting Crosstabulation

Count

		Co-parenting		Total
		Yes	No	
Financial Assistance AAP	Yes	40	17	57
	No	13	0	13
Total		53	17	70

Table 33 * Chi-Square Tests AAP *Co-parenting

	Value	df	p
Pearson Chi-Square	5.121(b)	1	.024
Continuity Correction(a)	3.627	1	.057
Likelihood Ratio	8.141	1	.004
Fisher's Exact Test			
Linear-by-Linear Association	5.048	1	.025
N of Valid Cases	70		

a Computed only for a 2x2 table

b 1 cells (25.0%) have expected count less than 5. The minimum expected count is 3.16.

Table 34 * Therapy Services Before Adoption * Adopted Siblings At Same Hearing Crosstabulation

Count

		Adopt siblings at hearing		Total
		Yes	No	
Therapy services before adoption	Yes	15	16	31
	No	3	38	41
Total		18	54	72

Table 35 * Chi-Square Tests * Therapy Services Before Adoption * Adopted Siblings At Same Hearing

	Value	df	p
Pearson Chi-Square	15.880(b)	1	.000
Continuity Correction(a)	13.766	1	.000
Likelihood Ratio	16.569	1	.000
Fisher's Exact Test			
Linear-by-Linear Association	15.660	1	.000
N of Valid Cases	72		

a Computed only for a 2x2 table

b 0 cells (.0%) have expected count less than 5. The minimum expected count is 7.75.

Table 36 * Therapy Services Before Adoption * Support of SW During Adoption Process Crosstabulation

Count

		Support of SW during adoption process		Total
		Yes	No	
Therapy services before adoption	Yes	19	8	27
	No	33	3	36
Total		52	11	63

Table 37 * Chi-Square Tests * Therapy Services Before Adoption * Support Of SW During Adoption Process

	Value	df	p
Pearson Chi-Square	4.855(b)	1	.028
Continuity Correction(a)	3.490	1	.062
Likelihood Ratio	4.884	1	.027
Fisher's Exact Test			
Linear-by-Linear Association	4.778	1	.029
N of Valid Cases	63		

a Computed only for a 2x2 table

b 1 cells (25.0%) have expected count less than 5. The minimum expected count is 4.71.

Table 38 * Therapy Services Before Adoption * IEP Before Adoption Crosstabulation

Count

		IEP before adoption		Total
		Yes	No	
Therapy services before adoption	Yes	14	17	31
	No	1	39	40
Total		15	56	71

Table 39 * Chi-Square Tests * Therapy Services Before Adoption * IEP

	Value	df	p
Pearson Chi-Square	19.075(b)	1	.000
Continuity Correction(a)	16.601	1	.000
Likelihood Ratio	21.183	1	.000
Fisher's Exact Test			
Linear-by-Linear Association	18.807	1	.000
N of Valid Cases	71		

a Computed only for a 2x2 table

b 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.55.

Table 40 * IEP Before Adoption * Psychiatric Services Before Adoption
Crosstabulation

Count

		Psychiatric services before adoption		Total
		Yes	No	
IEP before adoption	Yes	4	11	15
	No	3	53	56
Total		7	64	71

Table 41 * Chi-Square Tests IEP Before Adoption * Psychiatric Services Before Adoption

	Value	df	p
Pearson Chi-Square	6.045(b)	1	.014
Continuity Correction(a)	3.885	1	.049
Likelihood Ratio	4.927	1	.026
Fisher's Exact Test			
Linear-by-Linear Association	5.960	1	.015
N of Valid Cases	71		

a Computed only for a 2x2 table

b 1 cells (25.0%) have expected count less than 5. The minimum expected count is 1.48.

Table 42 * SW Assistance With Finding Services * Grandparents Crosstabulation
Count

	GrandParents		Total
	Other	Grandparents	
SW assistance with finding services Yes	4	8	12
No	4	0	4
Total	8	8	16

Table 43 * Chi-Square Tests * SW Assistance Finding Services * Grandparents

	Value	df	p
Pearson Chi-Square	5.333(b)	1	.021
Continuity Correction(a)	3.000	1	.083
Likelihood Ratio	6.904	1	.009
Fisher's Exact Test			
Linear-by-Linear Association	5.000	1	.025
N of Valid Cases	16		

a Computed only for a 2x2 table

b 2 cells (50.0%) have expected count less than 5. The minimum expected count is 2.00.

Table 44 * Therapy Services Before Adoption * Psychiatric services Before Adoption
Crosstabulation

Count

	Psychiatric services before adoption		Total
	Yes	No	
Therapy services before adoption Yes	6	25	31
No	1	40	41
Total	7	65	72

Table 45 * Chi-Square Tests * Therapy Services Before Adoption * Psychiatric Services Before Adoption

	Value	df	p
Pearson Chi-Square	5.755(b)	1	.016
Continuity Correction(a)	3.989	1	.046
Likelihood Ratio	6.062	1	.014
Fisher's Exact Test			
Linear-by-Linear Association	5.675	1	.017
N of Valid Cases	72		

a Computed only for a 2x2 table

b 2 cells (50.0%) have expected count less than 5. The minimum expected count is 3.01.

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